

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS				1. Requisition Number SEE SCHEDULE		Page 1 Of 4	
Offeror To Complete Block 12, 17, 23, 24, & 30							
2. Contract No. W56HZV-05-D-0285		3. Award/Effective Date 2007MAR23		4. Order Number 0010		5. Solicitation Number	
6. Solicitation Issue Date							
7. For Solicitation Information Call:		A. Name ELAINE NELSON		B. Telephone Number (No Collect Calls) (586)574-8284		8. Offer Due Date/Local Time	
9. Issued By U.S. ARMY TACOM LCMC AMSTA-AQ-ADEC WARREN, MICHIGAN 48397-5000 HTTP://CONTRACTING.TACOM.ARMY.MIL		Code W56HZV		10. This Acquisition Is <input type="checkbox"/> Unrestricted OR <input type="checkbox"/> Set Aside: % For <input type="checkbox"/> Small Business <input type="checkbox"/> Emerging Small Business <input type="checkbox"/> 8(A) <input type="checkbox"/> Hubzone Small Business <input type="checkbox"/> Service-Disabled Veteran-Owned Small Business NAICS: 333120 Size Standard:			
				11. Delivery For FOB Destination Unless Block Is Marked <input checked="" type="checkbox"/> See Schedule		12. Discount Terms NET 30 DAYS	
				<input checked="" type="checkbox"/> 13a. This Contract Is A Rated Order Under DPAS (15 CFR 700)		13b. Rating DOA4	
e-mail: NELSONE@TACOM.ARMY.MIL				14. Method Of Solicitation <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
15. Deliver To SEE SCHEDULE		Code		16. Administered By DCMA CHICAGO 1523 WEST CENTRAL ROAD BLDG 203 ARLINGTON HEIGHTS IL 60004-2451 SCD: B PAS: NONE			
Telephone No.				Code S1403A			
17. Contractor/Offeror CNH AMERICA LIMITED LIABILITY 700 STATE STREET RACINE, WI 53404-3343		Code 10988 Facility		18a. Payment Will Be Made By DFAS - COLUMBUS CENTER DFAS-CO/WEST ENTITLEMENT OPERATIONS P.O. BOX 182381 COLUMBUS, OH 43218-2381			
Telephone No. (262)636-5761				Code HQ0339			
<input type="checkbox"/> 17b. Check If Remittance Is Different And Put Such Address In Offer		18b. Submit Invoices To Address Shown In Block 18a Unless Block Below Is Checked <input type="checkbox"/> See Addendum					
19. Item No.	20. Schedule Of Supplies/Services			21. Quantity	22. Unit	23. Unit Price	24. Amount
	SEE SCHEDULE						
(Use Reverse and/or Attach Additional Sheets As Necessary)							
25. Accounting And Appropriation Data ACRN: AA 21 72035000071C1C09P53507431E1 S20113 W56HZV						26. Total Award Amount (For Govt. Use Only) \$16,590.00	
<input type="checkbox"/> 27a. Solicitation Incorporates By Reference FAR 52.212-1, 52.212-4, FAR 52.212-3 And 52.212-5 Are Attached. Addenda						<input type="checkbox"/> Are <input type="checkbox"/> Are Not Attached.	
<input checked="" type="checkbox"/> 27b. Contract/Purchase Order Incorporates By Reference FAR 52.212-4, FAR 52.212-5 Is Attached. Addenda						<input checked="" type="checkbox"/> Are <input type="checkbox"/> Are Not Attached.	
<input checked="" type="checkbox"/> 28. Contractor Is Required To Sign This Document And Return 2 Copies to Issuing Office. Contractor Agrees To Furnish And Deliver All Items Set Forth Or Otherwise Identified Above And On Any Additional Sheets Subject To The Terms And Conditions Specified.					<input type="checkbox"/> 29. Award Of Contract: Ref. _____ Offer Dated _____. Your Offer On Solicitation (Block 5), Including Any Additions Or Changes Which Are Set Forth Herein, Is Accepted As To Items:		
30a. Signature Of Offeror/Contractor				31a. United States Of America (Signature Of Contracting Officer)			
30b. Name And Title Of Signer (Type Or Print)		30c. Date Signed		31b. Name Of Contracting Officer (Type Or Print) TOD V. MILLER /SIGNED/ MILLETT@TACOM.ARMY.MIL (586)574-6802		31c. Date Signed 2007MAR23	

19. Item No.	20. Schedule Of Supplies/Services	21. Quantity	22. Unit	23. Unit Price	24. Amount

32a. Quantity In Column 21 Has Been

☐ Received ☐ Inspected ☐ Accepted, And Conforms To The Contract, Except As Noted: _____

32b. Signature Of Authorized Government Representative		32c. Date	32d. Printed Name and Title of Authorized Government Representative		
32e. Mailing Address of Authorized Government Representative			32f. Telephone Number of Authorized Government Representative		
			32g. E-Mail of Authorized Government Representative		
33. Ship Number		34. Voucher Number	35. Amount Verified Correct For	36. Payment	37. Check Number
<input type="checkbox"/> Partial	<input type="checkbox"/> Final			<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final	
38. S/R Account No.		39. S/R Voucher Number	40. Paid By		
41a. I Certify This Account Is Correct And Proper For Payment			42a. Received By (Print)		
41b. Signature And Title Of Certifying Officer			41c. Date	42b. Received At (Location)	
				42c. Date Rec'd (YY/MM/DD)	42d. Total Containers

CONTINUATION SHEET	Reference No. of Document Being Continued		Page 2 of 4
	PIIN/SIIN W56HZV-05-D-0285/0010	MOD/AMD	
Name of Offeror or Contractor: CNH AMERICA LIMITED LIABILITY			

SUPPLEMENTAL INFORMATION

Contract: W56HZV-05-D-0285
Amount of Delivery Order 0010: \$ 16,590.00
Modification: N/A

1. The purpose of Delivery Order 0010 is to establish CLINS 1007AA under contract W56HZV-05-D-0285.
2. This Delivery Order is issued in accordance with Contract Clause 21, ORDERING (52.216-18) and is to be performed in accordance with the terms and conditions established under the basic contract W56HZV-05-D-0285.
3. CLIN 1007AA is established in the amount of \$16,590.00 for I&KPT OPERATOR 1st ORDERING PERIOD.
4. All other terms and conditions of the Basic Contract remains unchanged and in full force and effect.

*** END OF NARRATIVE A 0001 ***

<p align="center">CONTINUATION SHEET</p>	<p align="center">Reference No. of Document Being Continued PIIN/SIIN W56HZV-05-D-0285/0010 MOD/AMD</p>	<p align="right">Page 3 of 4</p>
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Page 3 of 4

Page 3 of 4

Name of Offeror or Contractor: CNH AMERICA LIMITED LIABILITY

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
1007	SECURITY CLASS: Unclassified				
1007AA	I&KPT OPERATOR 1ST ORDERING PERIOD NOUN: HMEE III/BHL-I & KPT PRON: P176F1222T PRON AMD: 01 ACRN: AA AMS CD: 53507495157 OPERATOR TRAINING (CONUS) AT CONTRACTOR'S FACILITY, NON-CONTINGENCY, PER SECTION C, SCOPE OF WORK, PARAGRAPH C.6.2.7.1.c (End of narrative B001) <u>Inspection and Acceptance</u> INSPECTION: Destination ACCEPTANCE: Destination <u>Deliveries or Performance</u> DLVR SCH PERF COMPL <u>REL CD</u> <u>QUANTITY</u> <u>DATE</u> 001 1 30-SEP-2007 \$ 16,590.00	1	LO		\$ _____ 16,590.00

Name of Offeror or Contractor: CNH AMERICA LIMITED LIABILITY

CONTRACT ADMINISTRATION DATA

PRON/		OBLG		JOB		ACCOUNTING		OBLIGATED
LINE	AMS CD/			ORDER		STATION		
<u>ITEM</u>	<u>MIPR</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>		<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>
1007AA	P176F1222T	AA	2	21	72035000071C1C09P53507431E1	S20113	7ZCC19	W56HZV \$ 16,590.00
	53507495157							
	A17P51571C33							
							TOTAL	\$ 16,590.00

SERVICE				ACCOUNTING		OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>		<u>STATION</u>		<u>AMOUNT</u>
Army	AA	21	72035000071C1C09P53507431E1	S20113	W56HZV	\$ 16,590.00
						TOTAL \$ 16,590.00

<u>ACRN</u>	<u>EDI ACCOUNTING CLASSIFICATION</u>			
AA	21	070920350000	S20113	71C1C095350749515731E1 7ZCC19S20113 W56HZV